PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								Application or Docket Number 10/ 78668					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OF		R THAN ENTITY	
TOTAL CLAIMS			105					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			165° minus 20=		- 9	35	XS 9			OR	X\$18=	1530	
INDEPENDENT CLAIMS .			/6 minus 3 =		• /	13		X43=		OR	X86=	1118	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	÷290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		JOA JOB	TOTAL	3415	
CLAIMS AS AMENDED - PART II								CMALL	ENTITY		OTHER	THAN	
4	Crmal.	(Column 1) CLAIMS	<u> </u>	(Colum		(Column 3)	<u>ן</u> ר	SMALL	ENTITY	OR 7 [SMALL	T	
AMENDMENT A	105/04	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.105	Minus	-10	5.	=		XS 9=		OR	X\$18=		
AME	Independent	-/6	Minus /		0	<u> </u>	Γ	X43=	17	OR	X86 <u>≠</u>		
	FIRST PRESENTÁTION OF MULTIPLE DEPENDENT CLAIM							+145=	1/	OR	A290=		
TOTAL										OR	TOTAL		
(Column 1) (Column 2) (Column 3)								DDIT. FEE	Ē 		ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING		HIGHE	ST		Г		ADDI-	1 [ADDI-	
		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		XS 9=		OR	X\$18=		
	Incependent	+	Minus	***	<u> </u>	*	Γ	X43=		OR	X86=		
	PIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM	[_]		+145=		OR	+290=		
TO											TOTAL	:_	
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE													
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	** .		= .		X\$ 9=		OR	X\$18=		
	Independent		Minus	***	•	=	\vdash		 	ŀ			
۲ [FIRST PRESE	NTATION OF MU	-	X43=	 	OR	X86=						
	the are		•					145=		OR	+290=	I	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
T	trie Highest Num he "Highest Num	mber Previously Paid ber Previously Paid	is For" (N THI) For" (Total or	s SPACE is I Independen	ess thar t) is the	n 3, enter "3." highest number			propriate box				

FORM PTO-875 (Rev 10:03)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE